

정신분열증 환자에서 주관적 음성증상경험의
임상적 의의*김지웅** · 김찬형** · 구민성** · 손석한** · 박진철***
최문중** · 이은철** · 윤도준*** · 이홍식**A Clinical Significance of the Subjective Experiences of Negative Symptoms
in the Patients with Schizophrenia*Ji-Woong Kim, M.D.,** Chan-Hyung Kim, M.D.,**† Min Seong Koo, M.D.,**
Seok Han Sohn, M.D.,** Jin Cheol Park, M.D.,*** Moon Jong Choi, M.D.,**
Eun Cheol Lee, M.D.,** Doh Joon Yoon, M.D.,*** Hong-Shick Lee, M.D.**

국문초록

연구목적 :

가 가 ,
가 ., ,
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방 법 :

DSM - 가
Scale for the Subjective Experience of Negative Symptoms; Korean version(K - SENS)
, 가 Positive and Negative Syndrome Scale(PANSS)
, 가 Hamilton Rating Scale for Depression(HAM -

: 1998 2 4

: 1998 11 13

1997 10

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D), Hamilton Rating Scale for Anxiety(HAM - A), Extrapyramidal Symptom Rating Scale(ESRS)

Spearman

결 과 :

K - SENS 24 가 PANSS
(= - 0.40, p<0.05), (= - 0.46, p<0.05),
/ (= - 0.34, p<0.05), (= - 0.52, p<0.05) . K -
SENS 24 가 PANSS (= - 0.25,
p>0.05), PANSS (= - 0.20, p>0.05), PANSS (= - 0.08, p>0.05)
. K - SENS 24 가
HAM - D (= - 0.01, p>0.05), HAM - A (= - 0.11, p>0.05), ESRS (= 0.34, p>0.05)

결 론 :

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가 , ,
가 , ,
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중심 단어 :

서 론

가

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. Jaspers²⁾

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Bleuler

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Andreason Bleuler

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Scale for the Assessment of Negat -

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ive Symptoms(SANS)³⁾가

, Crow⁴⁾가

가

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가

가 , 가 , 가 가

Jaspers²⁾

가

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대상 및 방법

1. 연구대상

1997 6 1 1997 7 30

가 가

가 , 37 가

DSM - ¹³⁾

가 가

(pure defect syndrome)

가 ⁷⁾

20 53 ,

33.4(±9.0) , 18 (48.6%), 19

(51.4%)

2. 연구방법

가 Scale for the Subj -

ective Experience of Negative Symptoms; Korean

version¹²⁾ . K - SENS SANS

24 ,

3가

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(1 2

가) K - SENS

3(?)

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가

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2 가

K - SENS

가

가 Positive and Negative Syndrome Scale(PANSS)¹⁴⁾

가 Hamilton Rating Scale for Depression(HAM - D)¹⁵⁾

가 Hamilton Rating Scale for Anxiety(HAM - A)¹⁶⁾

가

Extrapyramidal Symptom Rating Scale(ESRS)¹⁷⁾

가

가

1

SPSS - PC+ (Statistical Package for the Social Science - Personal Computer)

K - SENS

PANSS

HAM - D HAM - A , ESRS

Spearman

결 과

1. 주관적 음성증상의 유병율

(80%)

(59%) 가

(59%), (50%)

(50%), (50%), (48%)

(47%), (42%)

Table 1. The prevalence of the individual items of K-SENS

	Prevalence ¹ () ²
A. Affective flattening	
1. Affective nonresponsivity	18% (6%)
2. Unchanging facial expression	40% (18%)
3. Paucity of expressive gestures	38% (3%)
4. Lack of vocal inflections	25% (9%)
5. Decreased spontaneous movement	36% (18%)
6. Poor eye contact	27% (6%)
7. Inability to feel	24% (3%)
B. Alogia	
8. Poverty of speech	33% (18%)
9. Poverty of content of speech	30% (15%)
10. Increased latency of response	16% (3%)
11. Absence of thoughts	30% (9%)
C. Avolition-Apathy	
12. Lack of motivation	42% (21%)
13. Lack of energy	50% (27%)
14. Physical anergia	50% (24%)
15. Poor grooming and hygiene	12% (0%)
16. Impersistence	48% (29%)
D. Anhedonia-Asociality	
17. Asociality	32% (6%)
18. Few relationships with friends and peers	50% (18%)
19. Inability to feel intimacy and closeness	59% (27%)
20a. Decreased sexual interest	59% (9%)
20b. Decreased sexual activity	80% (9%)
21a. Decreased recreational interest	39% (12%)
21b. Decreased recreational activity	47% (12%)
22. Anhedonia	33% (24%)
E. Attention	
23. Impaired attentiveness	47% (32%)
24. Impaired social attentiveness	34% (15%)

*p<0.05

1. The prevalence represents the percentage of patients simply experiencing each K-SENS item, irrespective of whether the patients experience each K-SENS item as an uncomfortable symptom or not
2. The prevalence in parenthesis represents the percentage of patients experiencing each K-SENS item as an uncomfortable symptom

(1).

가

(32%), (29%), (27%), (24%), (24%), (21%), (18%), (18%), (18%), (15%), (15%)
(1).

2. 주관적인 음성증상 경험과 정신병리와의 상관성

K - SENS 24 가
PANSS
(= - 0.40, p<0.05)(2), (= - 0.46, p<0.05), / (= - 0.34, p=0.05), (= - 0.52, p<0.05)

(= - 0.33, p=0.06)(3).

K - SENS 24 가
PANSS (= - 0.25, p>0.05), PANSS (= - 0.20, p>0.05), PANSS (= - 0.08, p>0.05)(2).
PANSS (= - 0.42, p<0.05), (= - 0.42, p<0.05)

, K - SENS
PANSS
/ ,
PANSS (p<0.05), PANSS (p<0.05), PANSS (p<0.05) 가 .

3. 주관적 음성증상경험과 우울증상 및 불안증상과의 상관관계

K - SENS 24 가
HAM - D
(= - 0.01, p>0.05)(2). , K - SENS

D

Table 2. Correlations between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and PANSS, HAM-D, HAM-A, ESRs scores

	The ratio of items experienced as uncomfortable symptoms among 24 items
PANSS score	
Total score	- 0.25 (p=0.16)
Positive subscale score	- 0.40* (p=0.02)
Negative subscale score	- 0.20 (p=0.27)
General psychopathology subscale score	- 0.08 (p=0.66)
HAM-D score	- 0.01 (p=0.94)
HAM-A score	- 0.11 (p=0.52)
ESRS score	0.34 (p=0.06)

*p<0.05

Data represent Spearman correlation coefficient

Table 3. Correlations between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and the score of each items in PANSS positive subscale

	The ratio of items experienced as uncomfortable symptoms among 24 items
Delusion	- 0.06 (p=0.72)
Conceptual disorganization	- 0.19 (p=0.28)
Hallucinatory behavior	0.03 (p=0.85)
Excitement	- 0.33 (p=0.06)
Grandiosity	- 0.46* (p=0.01)
Suspiciousness/Persecution	- 0.34* (p=0.05)
Hostility	- 0.52* (p<0.01)

*p<0.05

Data represent Spearman correlation coefficient

K - SENS

K - SENS 24 가
HAM - A
(= - 0.11, p>0.05)
(2). , K - SENS ,

HAM - A
K - SENS

4. 주관적 음성증상과 추체외로증상과의 상관관계

K - SENS 24 가
ESRS
(= 0.34, p=0.06)(2). , K - SENS
(p<0.05) (p<0.05)

Bleuler , 가 , , / , HBS , 가 가 가 , 가 , 20) 가 , 30 - 31) K - SENS , 가 가 , 32) , 33 - 34) , 35) 21 - 25) Pne - umoencephalography²⁶⁾ computed tomography 가 , 27) 가 가 , 3 , 가 가 , , congtingent negative variation latency 가 , 28 - 29) 가 , 가 , 가 , 가 , 가 , 가 , 가 , , imipra-³⁶⁾ mine , 가 , / , , ,

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A Clinical Significance of the Subjective Experiences of Negative Symptoms in the Patients with Schizophrenia

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Objective : Since the evaluation of negative symptoms has depended on the clinician's objective observation, the patients' subjective experience of negative symptoms has been neglected. However, in fact, a lot of patients are aware of their negative symptoms. There are several reports suggesting that patients suffer from the subjective experiences of their deficit symptoms, even though the objective positive and negative symptoms cannot be observed. Under these circumstances, we have attempted this study with the idea that it would be helpful in understanding the psychopathology of schizophrenia. Also it would help clarifying the relationship between subjective experience of negative symptoms and objective positive and negative symptoms, depression, anxiety symptoms, and extrapyramidal symptoms.

Method : All the 37 patients satisfied the diagnostic criteria of DSM-IV for schizophrenia. The subjective experiences of negative symptoms were evaluated using Scale for the Subjective Experience of Negative Symptoms, Korean version (K-SENS), and for the depression, anxiety, extrapyramidal symptoms, we used Hamilton Rating Scale for Depression (HAM-D), Hamilton Rating Scale for Anxiety (HAM-A), and Extrapyramidal Symptom Rating Scale (ESRS). The correlation between each psychopathology was tested by calculating Spearman correlation coefficient.

Results : There was a significant correlation between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and the score of PANSS positive subscale ($r = -0.40, p < 0.05$). Among the positive symptoms, grandiosity ($r = -0.46, p < 0.05$), suspiciousness/persecution ($r = -0.34, p < 0.05$), and hostility ($r = -0.52, p < 0.05$) showed a significant correlation with the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS. There was no significant correlation between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and PANSS total score ($r = -0.25, p > 0.05$), or negative subscale score ($r = -0.20, p > 0.05$), or general psychopathology subscale score ($r = -0.08, p > 0.05$), respectively. There was no significant correlation between the ratio of items experienced as uncomfortable symptoms among 24 items of K-SENS, and HAM-D ($r = -0.01, p > 0.05$), or HAM-A ($r = -0.11, p > 0.05$), ESRS ($r = 0.34, p > 0.05$), respectively.

Conclusion : These results revealed that the negative correlation between the subjective negative symptoms experienced as an uncomfortable ones and the objective positive symptoms such as grandiosity, suspiciousness/persecution, and hostility. From these results, the possibility that positive symptoms are used as a defense to hide from the subjectively experienced negative symptoms, or that patients may not be aware of their negative symptoms because they are overwhelmed by their positive symptoms, is suggested. These results also suggest that subjective experiences of negative symptoms are independent from depression, anxiety and extrapyramidal symptoms.

KEY WORDS : Schizophrenia · Subjective experiences · Negative symptoms.